

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REPORT OF LEGAL BLINDNESS/ REQUEST FOR INFORMATION
NYS COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED

< t- 0: < C.	Please complete this information in full in order to avoid de/av in registration of the patient and/or receipt of information requested.			
	REPORT OF LEGAL BLINDNESS: (Complete this part to report legal blindness)			
	PATIENT INFORMATION			
	NAME ROBLES		PRIMITIVO	
	STREET ADDRESS: 343 West 121 st Street Apt. # 3		TELEPHONE NO: 787-464-3929	
	CITY: New York		STATE: N.Y.	ZIP CODE 10027
	COUNTY OR NYC BOROUGH:			
	EXAMINER			
	PLEASE CHECK THE APPROPRIATE CONDITION AND CAUSE: (Optometrist not required to indicate cause)			
	CONDITION		CAUSE	
1. Blindness, both eyes, no light perception		1. Cataracts		
2. Blindness, better eye, with best correction not more than 20/200		2. Glaucoma		
3. Blindness, better eye, with visual field limitation less than 20 degrees		3. All other diseases: RETINITIS PIGMENTOSA		
4. Patient was registered as blind, is now not blind . (Please check cause # 7)		4. Congenital condition		
		5. Accident, poisoning, exposure, or injury		
5. This person is employed and is expected to become legally blind within the year.		6. Unspecified cause		
		7. Improved Vision		
EXAMINER NAME: Dr. Robert Friedman, MD		PROFESSION OF EXAMINER O.D.	EXAM DATE: 3/10/2024	
STREET ADDRESS: 1001 Park Avenue		Mount Sinai Morningside		
CITY: New York		STATE: N.Y.	ZIP CODE: 10028	TELEPHONE NO: (212) 772-6202
<i>Dr. Robert Friedman</i>				
FOR INDIVIDUALS Under 18, THE NAME AND ADDRESS OF THE PARENT/GUARDIAN IS REQUIRED:				
PARENT/GUARDIAN:		LAST NAME: FIRST NAME:		
STREET ADDRESS:				
TELEPHONE NO. () -		CITY: STATE ZIP CODE:		
SUBMITTER (IF DIFFERENT FROM ABOVE)				
SUBMITTER'S NAME:		LAST NAME: FIRST NAME:		
STREET ADDRESS:				
TELEPHONE NO.: () -		CITY: STATE ZIP CODE:		
al t- 0: < C.	REQUEST FOR INFORMATION: (Complete this section if the individual is seeking information from CBVH)			
	<input type="checkbox"/> How I can perform household tasks <input type="checkbox"/> How CBVH can assist me in preparing for a job <input type="checkbox"/> How CBVH can assist me in keeping my current job <input type="checkbox"/> How CBVH can assist in providing services to the above named visually impaired child <input type="checkbox"/> Other services (specify):			
	Contact Person:		Phone No. () -	

OCFS-4599 (Rev. 3/2012)

REPORT OF LEGAL BLINDNESS (Part A)**(To be completed by Ophthalmologist, Optometrist or other Physician)**

The Eye Report section of this form is to be completed for all persons who meet the following criteria for legal blindness:

- Central Visual Acuity of 20/200 or less in the better eye with the use of a corrective lens **OR**
- A limitation in the visual field, in the better eye, less than 20 degrees.

REQUEST FOR INFORMATION (Part 8)**(To be completed by or for a legally blind individual)**

In addition to reporting to CBVH that this person is legally blind, we would like you to ask your patient if he/she is experiencing any difficulties performing tasks or activities. If so, please assist or have the patient complete the bottom portion on the front side of this form and advise him or her that it will be forwarded to CBVH. Then, please forward the form to the CBVH office listed below that serves the County/Borough in which this individual resides. Your patient will be contacted about rehabilitation services.

Counties Served	Send To:	Counties Served	Send To:
Allegany Cattaraugus Chautauqua Erie Genesee Livingston Monroe Niagara Ontario Orleans Steuben Wavne Wyoming Yates	CBVH Ellicott Square Building 295 Main Street Room 545 Buffalo, New York 14203	Broome Cayuga Chemung Chenango Cortland Herkimer Jefferson Lewis Madison Oneida Onondaga Oswego Schuyler Seneca St Lawrence (<i>Children</i>) Tioga Tompkins	CBVH The Atrium, Suite 105 100 South Salina Street Syracuse, New York 13202
Albany Clinton Columbia Delaware Essex Franklin Fulton Greene Hamilton Montgomery Otsego Rensselaer Saratoga Schenectady Schoharie St. Lawrence (<i>Adults</i>) Warren Washington	CBVH 40 North Pearl Street 15th Floor Albany, New York 12243	Dutchess Oranget Putnam Rockland Sullivan Ulster Westchester Nassau Suffolk Queens (<i>Central & Eastern</i>) Boroughs Served: Brooklyn Manhattan (<i>upto and including 2 St.</i>) Staten Island	CBVH 445 Hamilton Avenue Room 503 White Plains, New York 10601 CBVH 50 Clinton Street Suite 208 Hempstead New York 11550 CBVH 80 Maiden Lane 23rd Floor New York, NY 10038
		Bronx Queens (<i>Western</i>) Manhattan (<i>North of 23rd St.</i>)	CBVH 163 W. 125th Street Room 209 New York, NY 10027